

SNOHOMISH COUNTY SHERIFF'S OFFICE PUBLIC DISCLOSURE UNIT

3000 Rockefeller Ave., M/S 606 Everett, WA 98201 (425)388-3769 Fax (425)388-3939 Unit.SCSOPublicDisclosure@snoco.org

Date/Time Stam

PUBLIC RECORDS REQUEST

Requested by:	Date:	
Contact Phone #:	Email Address:	
Mailing Address:	City:	Zip:
If you are an attorney or insurance company, plea	ase provide your client's name:	
How would you like to receive your records? ☐ Preferred format? ☐ Paper copy ☐ CD/DVD	· · · · · · · · · · · · · · · · · · ·	
 TIMEL Within 5 business days after the receipt of a pull Make the requested records available for a control of the control of the	or inspection or delivery. I provide an estimate of when re	-
	G ONE OR MORE OF THE FOLI	
☐ Reports Case #:		eos (if available)
Date/Time of Incident:		_
Type of Incident:	Other Docu	ments
Location:		ument(s):
Name(s) of Involved Parties:		
Responding Officer(s):		
Fees are charged per RCW 36.18.040. The fee for pa will be no charge. The fee for a CD is \$1.50. The fee records that are mailed. Other fees, such as scannin	for a DVD is \$1.60. The fee for a U	SB is \$7.00. Postage will be charged for
	INTERNAL USE ONLY:	
Date completed: By:		_
Requestor contacted via: Mail Email [☐ Phone	
Comments:		
PDR#		